

FILEDUNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF CALIFORNIA

JUL 20 2005

UNITED STATES OF AMERICA

vs.

Presentacion Flores CABRERA

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY

Docket Number: 2:96CR00095-04

On June 5, 2000, the above-named was sentenced to 96 months BOP followed by a 12-month term of supervised release for Use of a Communication Facility to Facilitate a Drug Offense. On April 21, 2005, this office was notified by the Federal Bureau of Prisons that Presentacion Flores CABRERA, while serving his prison sentence, died. This was confirmed by the Federal Medical Center, Butner staff on April 3, 2005 (attached is a copy of the notification and death certificate). It is accordingly recommended that this case be closed.

Respectfully submitted,

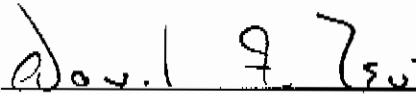
CYNTHIA J. MAZZEI
United States Probation Officer

Reviewed by:

RAFAEL G. LOYA
Supervising United States Probation Officer

ORDER OF COURT

It is ordered that the proceedings in the case be terminated and the case closed.

Dated this 2 day of June, 2005.DAVID F. LEVI
Chief United States District Judge

Attachment

cc: Assistant United States Attorney
FLU Unit, AUSA's Office
Fiscal Clerk, Clerk's Office



U.S. Department of Justice

Federal Bureau of Prisons
Federal Medical Center
Post Office Box 1500
Butner, North Carolina 27509
919-575-3900

April 8, 2005

The Honorable David F. Levi
United States District Court
2500 U.S. Courthouse
501 I Street
Sacramento, California 95814

RE: CABRERA, Presentation Flores
Reg. No.: 44119-083
Docket No.: 2:96CR00095-04



Dear Judge Levi:

This letter is to inform you of the death of Mr. Presentation Flores Cabrera.. On June 15, 2000, Mr. Cabrera was sentenced to a term of 96 months with 12 months of Supervised Release for Use of a Communication Facility to Facilitate a Drug Offense. Mr. Cabrera arrived at the Federal Medical Center (FMC), Butner, North Carolina, on May 26, 2004 for medical treatment.

On April 3, 2005, at FMC Butner, Mr. Cabrera was pronounced dead at 6:24 a.m.. The cause of death is listed as Metastatic Gastro Adenocarcinoma.

If I can be of further assistance regarding Mr. Cabrera's case, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "A. F. Beeler", is located below the word "Sincerely,".

A. F. Beeler, Warden
FCC Butner (Medical)

cc: Mr. K.M. White, Director
Mid-Atlantic Regional Office
Junction Business Park
Federal Bureau of Prisons
10010 Junction Drive, Suite 100-N
Annapolis Junction, MD 20701

Mr. Mc Gregor W. Scott AUSA
Eastern District of California
501 I Street, Suite 10-100
Sacramento, CA 95814

Mrs. Sue H. Sorum, Chief
United States Probation Office
2500 United States Courthouse
501 I Street
Sacramento, CA 95814-7300

COPY 1
 STATE COPY

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTER FOR HEALTH STATISTICS — NC VITAL RECORDS
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Registration District No. 032-00 Local No. 37

DECEDENT'S NAME (First, Middle, Last) Presentacion Flores Cabrera		SEX 2M	DATE OF DEATH (Month, Day, Year) 4-3-05
SOCIAL SECURITY NUMBER 623-12-0050	AGE—Last Birthday (Years) 40	UNDER 1 YEAR Months Days 50	UNDER 1 DAY Hours Minutes 80
DATE OF BIRTH (Month, Day, Year) 4/21/1964		BIRTHPLACE (County and State or Foreign Country) Honduras	
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No			
PLACE OF DEATH (Check only one; add information on other side) HOSPITAL: <input type="checkbox"/> Institution <input type="checkbox"/> Emergency <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) Prison			
FACILITY NAME (If not institution, give street and number) Butner Fmc		CITY, TOWN, OR LOCATION OF DEATH Butner	
INSIDE CITY LIMITS? (Yes or No) Yes		COUNTY OF DEATH Durham	
MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) Rosalba Cabrera	
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Production		KIND OF BUSINESS/INDUSTRY Canery	
RESIDENCE—STATE CA		CITY, TOWN, OR LOCATION Turlock	
STREET AND NUMBER 527 Castor		ZIP CODE 95380	
INSIDE CITY LIMITS? (Yes or No) No		WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.; If Yes <input type="checkbox"/> No (Specify) Hispanic	
FATHER'S NAME (First, Middle, Last) Simeon Cabrera		MOTHER'S NAME (First, Middle, Last) Francisca Flores	
INFORMANT'S NAME (Type/print) FCI Records		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Butner, NC	
DATE AMENDED 19c.			
PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE) IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic Gastric Cancer DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc. WAS AN AUTOPSY PERFORMED (Yes or No) NO Were Autopsy Findings Available prior to Completion of Death Certificate? Yes or No?			
MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending <input type="checkbox"/> Not Determined		DATE OF INJURY (Month, Day, Year) 22a.	
TIME OF INJURY (Year or Not) 22b. M. 22c.		INJURY AT WORK? (Yes or No) 22d.	
PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 22e.		LOCATION (Street and Number or Rural Route Number, City or Town, State) 22f.	
TIME OF DEATH 22g. 06:24 AM		DATE SIGNED (Month, Day, Year) 22h. 4-4-05	
To the best of my knowledge, death occurred at the time, date and place stated. (Signature and Title of Certifier) 22i. Health In MD		DATE PRONOUNCED DEAD (Month, Day, Year) 22j. 4-3-05	
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) 23a. RYAN HENNER, MD, 2000 E. Chapel Hill, NC 27514		METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation (Specify) 23b. Granville MEM. Garden, Stem, NC	
NAME AND ADDRESS OF FUNERAL HOME 24a. Professional Mortuary Svc. 612 Trent Dr. Durham, NC 27715		NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 24b. Lester S. Sandlin	
DATE FILED (Month, Day, Year) 24c. 4-4-2005		NAME OF EMBALMER 24d. Lester S. Sandlin	
LICENSE NUMBER 25a. 712		LICENSE NUMBER 25b. 712	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OR ABSTRACT OF THE OFFICIAL RECORD FILED IN THIS OFFICE.

WILLIE L COVINGTON
 REGISTER OF DEEDS
 DURHAM COUNTY

WITNESS MY HAND OFFICIAL SEAL

THIS THE 14TH DAY OF APRIL, 2005

NAME: FMC HEALTH INFORMATION

MAY-18-2005 WED 15:37 TEL: 9195754843